

**Department of Early Care and Learning
Stakeholder Advisory Network**

2013 ADVISORY COMMITTEE APPLICATION

DATE: _____

TITLE: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Rev.

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail Address: _____

GENDER: ☐ Male ☐ Female

On which advisory committee do you want to serve? Choose only one (1) that best fits your interest and experience:

- | | |
|---|---|
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Child Care Subsidy (CAPS) |
| <input type="checkbox"/> Child Care Services-Director and/or Owner | <input type="checkbox"/> Faith Based Program |
| <input type="checkbox"/> Child Care Services-Family and/or Group Day Home | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Program for Infant and Toddler Care | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Quality Initiatives/Quality Rated | <input type="checkbox"/> Georgia's Pre-K Teacher |
| <input type="checkbox"/> Georgia's Pre-K Director and/Owner (Private) | <input type="checkbox"/> Georgia's Pre-K Parent |
| <input type="checkbox"/> Georgia's Pre-K Director and/Principal (Public) | <input type="checkbox"/> Georgia's Pre-K Superintendent |

Check the areas below in which you have experience and indicate the number of years of experience you have had in that area.

- | <u>Area</u> | <u>Years of Experience</u> |
|---|----------------------------|
| <input type="checkbox"/> Early Care and Education _____ | |
| <input type="checkbox"/> Infant Toddler Care _____ | |
| <input type="checkbox"/> Child Care Center Business Owner _____ | |
| <input type="checkbox"/> Georgia's Pre-K Teacher _____ | |
| <input type="checkbox"/> Center Director _____ | |
| <input type="checkbox"/> Family or Group Child Care Owner _____ | |
| <input type="checkbox"/> Current or Former Parent (of a Georgia Pre-K student) _____ | |
| <input type="checkbox"/> Current or Former Parent (student in family, group or center-based care) _____ | |
| <input type="checkbox"/> Child Nutrition _____ | |
| <input type="checkbox"/> Faith-Based Early Education Programs and Services _____ | |
| <input type="checkbox"/> Work in Philanthropic Organization _____ | |
| <input type="checkbox"/> Participation on advisory committees _____ | |
| <input type="checkbox"/> Participation in strategic planning _____ | |
| <input type="checkbox"/> Working knowledge of financial planning _____ | |

Check the areas below in which you have experience and indicate the number of years of experience you have had in that area.

- | <u>Area</u> | <u>Years of Experience</u> |
|---|----------------------------|
| <input type="checkbox"/> Participation in _____ | |
| <input type="checkbox"/> Development of _____ | |

Check the item(s) below that best describe whom you will be representing on the advisory committee for which you are applying.

- ☐ Representing providers with a current contract with the Department of Early Care and Learning
- ☐ Representing providers with a pending/potential contract with the Department of Early Care and Learning
- ☐ Representing a non-profit organization
- ☐ Representing another state or government agency
- ☐ Representing the business sector
- ☐ Representing a private or public hospital organization
- ☐ Representing a faith-based organization
- ☐ Representing myself, not representing or affiliated with any organization
- ☐ Other (please specify) _____

Briefly describe why you want to serve on an advisory committee and how the customers, family members, and stakeholders of the Department of Early Care and Learning would benefit from your participation.

I understand that membership on an Advisory Committee will require a commitment to participate in two webinars annually and to complete required member training, attend committee meetings, complete committee work assignments on time, and bring the best of my capabilities to studying and understanding the issues presented before the Committee. The contributions and recommendations that Advisory Committee members make may have significant implications for current and future program and policy decisions affecting the Georgia Department of Early Care and Learning and the families and children we serve.

Name: _____ Date: _____

Please return this application via email to deidria.bolden@dec.al.ga.gov or fax to 404-651-9112 by 11/02/2012.

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Once you have completed the application, select File/Save As to save the PDF file on your local computer. To return the application via email, attach the saved file and email to Deidria Bolden. To return the application via fax, print the completed application prior to closing, then fax to the number above.